## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F20274

1. Corporation Name

Principal Place of Business

C. I. RHODES PLUMBING, INC.

FILED
May 17, 1999 8:00 am
Secretary of State
05 17 1000 00004 046 ***159 75

7442 VENETIAN W PALM BCH F US		7442 VENETIAN WAY W PALM BEACH FL 33406 US			DO NOT WRI	TE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 02/18/1981				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ā	pplied For	
21		26				59-2070550		N	ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc				5. Certificate of Status Desired	<b>X</b>		Additional -	
22		27				3. Certificate of States Booling		Fee F	equired	
City & State		City & State			·	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
23 Zip	Country	Zip Country				This corporation owes the current year Intangible				
24	25	29 30				Personal Property Tax. ☐ Yes MNo				
*41	9. Name and Address of Current					10. Name and Address of New Registered Agent				
81 Name						MITH & CMITH				
RHODES, CECIL IRVING 7442 VENETIAN WAY				82 Street Address (P.O. Box Number is Not Acceptable) 7442 VENETIAN WAY						
	CLARKE SHORES FL 33406		}	83						
				u	UEST	PALM BEACH .	<u> </u>		466	
			Ī	84 Ci	ity		FL	85 Zip	Sode AL	
44 Disease	to the provinces of Costions 507 0500	and 607 1508 Florida Statutos	the ah	OVE-DE	med corpor	ration submits this statement for the	- <u>-</u>	changing if	s registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Swatk Q. Smith TUDITH A. SMITH - 05/17/99										
SIGNATURE Signature when or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					nature required v	when reinstating)	DATE	111		
12.	OFFICERS AND	<del></del>	13.	- 190111		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12	
TITLE	STD	☐ DELETE	1.1 113	LE				Change		
NAME	SMITH, JUDITH A		1.2 NA	ME					1	
STREET ADDRESS			1.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP	LK CLARKE SHRS, FL 00000		1.4 CITY-ST-ZIP		,					
TITLE	PD	DELETE	2.1 T!T	LĘ				☐ Change	☐ Addition	
NAME	RHODES, CECIL I		2.2 NAME		)				1	
STREET ADDRESS	7442 VENETIAN WAY		2.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP	LK CLARKE SHRS, FL 00000		2. 4 CITY-ST-ZIP		P ~ ~	<u> </u>		. ~	·	
TITLE		DELETÉ	3.1 TIT	LE				☐ Change	☐ Addition	
NAME	1		3.2 NA	ME	-				ļ	
STREET ADDRESS			3.3 STI	REET ADD	ORESS				ļ	
CITY-ST-ZIP			3.4. CF	ry-s <u>t-zi</u> p	Р					
TITLE		DELETE	4.1 TIT	LE				Change	Addition	
NAME			4. 2 NA	ME					i	
STREET ADDRESS			4.3 ST	REET ADD	ORESS				}	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	,					
TITLE		☐ DELETE	5.1 TIT	LE	}			Change	: ☐ Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 \$11	REET ADD	DRESS				ļ	
CITY-ST-ZIP				Y-ST-ZIP	-					
TITLE		☐ DELETE	6.1 TIT	LE				Change Change	Addition	
NAME			6.2 NA	ME					]	
STREET ADDRESS			6.3 ST	REET ADD	ORESS				1	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	> \					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the reportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE:

GOFFICER OR DIRECTOR DATE PHONE #